

Foster Family Home - Corrective Action Report

Provider ID: 1-613613

Home Name: Remedios Onigama, NA

Review ID: 1-613613-10

92-691 Welo Street

Reviewer: Jackie Chamberlain

Kapolei HI 96707

Begin Date: 2/2/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home inspection made for a 2 bed recertification. Home met all compliance requirements at the time of the home inspection. No corrective action required

Jackie Chamberlain RN
Compliance Manager

Remedios Onigama / Remedios Onigama
Primary Care Giver

02/20/2020
Date

02/20/2020
Date